

**TRANSMITTAL
FORM**

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/752,791
	Filing Date	January 7, 2004
	First Named Inventor	Paul Q. Anziano
	Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	MTGY0001-101

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <div>Remarks</div>	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Christine A. Goddard, Ph.D., Registration No. 46,731
Signature	<i>Christine A. Goddard</i>
Date	<i>March 2, 2004</i>

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Christine A. Goddard, Ph.D., Registration No. 46,731		
Signature	<i>Christine A. Goddard</i>	Date	<i>3-2-04</i>

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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POCKET NO.: MTGY0001-101

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: **Paul Q. Anziano**

Serial No.: **10/752,791**

Examiner: **To Be Determined**

Filing Date: **January 7, 2004**

Art Unit: **To Be Determined**

Title: **Manganese Superoxide Dismutase Exon 3-Deleted Isoforms And Nucleic Acid Molecules Enclosing The Isoforms**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

**POWER OF ATTORNEY WITH REVOCATION AND
CHANGE OF CORRESPONDENCE ADDRESS**

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application, and appoint

☒ Practitioners at Customer Number: **35145** as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the Correspondence Address for the above-identified application to:

☒ Practitioners at Customer Number: **35145**.

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. (A statement under 37 CFR 3.73(b) is enclosed.)

Respectfully submitted,

Date: 2/16/04

By: Paul Q. Anziano

Name: Paul Q. Anziano